

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005527

Registration District No.

49

Primary Registration District No.

3008

Registrar's No.

44

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) FULTON		c. CITY OR TOWN Jefferson City	
Length of stay in 1b 3 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri State Hosp#1		d. STREET ADDRESS (If outside, give location) 626 REAR E CAPITAL	
3. NAME OF DECEASED (Type or print) Jones, Woodson T. Jones		4. DATE OF DEATH Month FEB Day 10 Year 1963	
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/19/1883
10a. USUAL OCCUPATION (Give kind of work done during most of working years or retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George C Jones		13b. MOTHER'S MAIDEN NAME ANNA E. TRANT	
14. NAME OF HUSBAND OR WIFE MRS. Woods on T. Jones		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNK	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT MRS Woodson T Jones Jefferson City	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Phlebothrombosis DUE TO (c) Thromboangitis obliterans		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Embolus from lower extremity	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOSPITAL		20f. CITY, TOWN, OR LOCATION Duffman, Mo	
20g. COUNTY COLE		20h. STATE MO	
21. I attended the deceased from NOT AT ALL to NOT AT ALL and last saw her/him alive on 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jack C. Catlett M.D.		22b. ADDRESS STATE Hosp#1 FULTON MO	
22c. DATE SIGNED 2-10-63		22d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 13, 1963	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
24. FUNERAL DIRECTOR Freeman Mortuary, Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 11 - 1963	26. REGISTRAR'S SIGNATURE Martha Lawrence

FEB 3 1964

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STATEMENT BY LICENSED EMBALMER

S-EP

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald P. Greenman

Licensed Embalmer No. 4622

P. O. Address Jmo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.